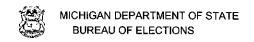
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 2-13-08 to 7-20-08
1. Committee I.D. Number 1380 25	4. Candidate Last Name First Name M.I. MAYER HICHOLAS S
2. Committee Name CTE	4a. Office Sought Including District # or Community Served (If applicable)
NICHOLAS S. MAYER	TRUSTEE - CHESTERFIELD TOWNSHIP
J. T.	4b. County of Residence MACOMB
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
31215 BRODERICK DR.	NICHOLAS S. MAYER
CHESTERFIELD MI. 48051	31215 BRODERICK DR.
Area Code and Phone (686) 749 - 8535 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	CHESTERFIELD MI. 48051 Area Code & Phone (586) 749-8535

7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
31215 BRODERICK DR. CHESTERFIELD MI 48051	N/A R R
Area Code and Phone (526) 749-8535	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Consta	
Special Cau	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
<u>08/05/08</u>	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expel f any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization accompany the first the filling of a required companing statement.	equired Campaign Statements. The Campaign Statements must include all applicable inditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. He since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.
10. Verification: INVe certify that all reasonable diligence was used	in the preparation of this statement and attached schedules (if any) and to the best of
my\our knowledge and belief the contents are true, accurate and co	omplete.
Current Treasurer or Designated Record keeper Nicholas S MAYEL	Thinker & Thapen 7-20-08
Type or Print Name	Date
Michalas S maves	Muy Date 7-20-08
Candidate ///CHOCAS S ///AYEC	Signature

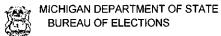


SUMMARY PAGE

1. Committee I.D. Number 138025

2. Committee Name CTE NicHolas S. MAYEL

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Sumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1875</u> .	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>1875.°°</u>	(18.) \$ 18.75.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1875.°°	(20.) \$ 1875.°°
IN-KIND CONTRIBUTIONS & EXPENDITURES	,	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES .		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2331.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2331.71	(23.) \$ 2331.71
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ Ø	·
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 456.71	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$1875′ ***	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 1875.00	·
15. SUBTOTAL Add lines 13 and 14	つみな! 71	
 Amount expended during reporting period (Add lines 9 and 11) 	456 31	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$*	



Page _____of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

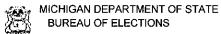
CANDIDATE COMMITTEE

1. Committee I.D. Number 138625

2. Committee Name CTE NICHOLAS 5 MAYER

Page.

	x to indicate if cont	ribution is from a Politica		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: ROB H ZESSE CHESTEE 5. If over \$100.00 cumulations	wave D FIELD M	D. E. 480E]	of Receip	t 6-16-08	\$ 2 00.60	s Zoo · · · · · · · · · · · · · · · · · ·
Occupation		_ Employer			2,10,11,10,10,10	
Business Address	Y			Ed Bereit		
3. Contribution #2 Name & Address	PAC Receipt?		of Receip	Fund Raiser ot 6-18-08	s 160° oc	s 100°,00
	•	MF 4805	l		<u> </u>	<u> </u>
5. If over \$100.00 cumu					Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Recei	pt 6-23-08		
20451		10. 11 48035			\$ 50.00	\$ 50° CO
Occupation		Employer				
Business Address Type of Contribution:		Loan from a person		Fund Raiser		
3. Contribution #4 Name & Address	PAC Receipt? HN LO 058 Be ESTECFI	ck oderick d eld mi		ipt 6-24-08	\$ 25.00	\$ 25.00
	., .				Click Here for	Memo Itemization
		_ Employer				
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		•
.ypu or domination	DII GOL		- حن	Page Subtotal	375.00	
				and Total of All Schedules 1A lete on last page of Schedule)	375:	-



Page _____ of ____

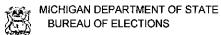
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Page.

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLAS & MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-25-08 Name & Address: NICHCIAS S MAYER 31215 BLODERICK DR		, ao
CHESTERFIELD MI 48051	s 7 <i>0</i> 0	<u> 700'</u>
5. If over \$100.00 cumulative, please provide:	Click Horo f	or Memo Itemization
Occupation Employer	Click Here it	or Memo Remization
Business Address		
Type of Contribution: Direct X Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 - 25 - 08 Name & Address		
Louis ARCARO	69	80
47398 CHE45	s 25.00	\$ 25.86
MACOMB MI 48044	0	
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person K Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-30-08		
STEVE NOVAK	50	
31119 BRODERICK DR	s 25.00	s 25.00
CHESTERFIELD MT 48051 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-1-08 Name & Address DAVE WAGNER		
52334 GRATIUT AVE		a = 00
CHESTERFIELD MF 48051	\$ 25.	s_25·
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here to	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	775.00	
•	175.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	LISO.	
	Enter this total on tine 3a of Summary	



Page _____ of ____

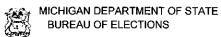
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Page.

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-4-08 Name & Address: DONNA M. MEHR 31740 JOSEPH CHESTERFIELD ME 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 50°°°C	s SO. 60 or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address SERRY NUTTING HOZUB COMMUNITYCENT. D2. CHESTERFIELD MF HB047 5. If over \$100.00 cumulative, please provide: Occupation Employer Type of Contribution: Direct Loan from a person X Fund Raiser	s 50°° Click Here fo	ssoo
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address: CATHERINE P. SARVER P.O. BOX 305 NEW BALTIMOZE MT 48047 5. If over \$100.00 cumulative, please provide:	s 50°	s 50°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
Occupation Employer Business Address Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address ROBERT : GERALD; NE GURA HOOGO AYNESLEY ST. CLINTON TWP. M = H8033 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S I OO OO	\$_\ CO :
Page Subtot Grand Total of All Schedules 1. (Complete on last page of Schedul	1400.00	



Page _____ of ____

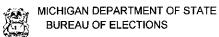
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Page.

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: MARY & MARY & CETH LATSUSK: 28558 LANCASTER DR. CHESTERFIELD MT 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$SOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	s So. 20
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address KELLIE A. MESELBACH - KLARICH 14 619 Rice DRIVE STERLING HEIGHTS MT 48313 5. If over \$100.00 cumulative, please provide:	\$ 50°	s 50.00
OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	- Click Flore 10	
Name & Address: GLENN 6. SIVELL Z9567 HICKEY CHESTERFIELD MI 48051 5. If over \$100.00 cumulative, please provide:	\$ 50°C	\$ 50 - Memo Itemization
Occupation Employer		·
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address DOW TONE 53730 BATES RD. CHESTERFIELD MF 48051 5. If over \$100.00 cumulative, please provide: Occupation Employer	S SO. SO.	\$ 50° ° ° • • • • • • • • • • • • • • • • •
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Z-00,000 Enter this total on line 3a of Summary	-



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

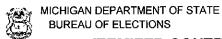
CANDIDATE COMMITTEE

Page.

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLIAS S. MAYEC

Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	le, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-9-0. Name & Address: EDWARD SCHMIDT Z34 MUID ROAD GROSSE POINTE FARMS, MIT 48236 5. If over \$100.00 cumulative, please provide:	S
Occupation Employer	_
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-9-08 Name & Address ANY ZARATE ZO562 AUTUMN LAKE DR. CHESTERFIELD, MZ 48051	\$ 50.°° \$ 50.°°
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
	Click Here for Welflo Reffization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-9-0 Name & Address: MRS. GERALDINE SCHMIDT 3952 SAINT JAMES CT. SHELBY TWP. MI 48316 5. If over \$100.00 cumulative, please provide:	S SO S S SO S S S S S S S S S S S S S S
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7 - 9 - 0000000000000000000000000000000	\$ 25 °° \$ 25 °° Click Here for Memo Itemization
Page Su Grand Total of All Schedule (Complete on last page of Sche	s 1A 1825.00

Page _____ of ____



Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138025
2. Committee Name CTE NICHOLAS SMAYER

Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if cont	ribution is	from a Political C		ter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: 505 CHES 5. If over \$100.00 curr	PAC Receipt?	<u></u>	4. Date of	-	7-10-08		
505	17 Peggy	LN.				, 50.00	s 50.°°
5. If over \$100.00 cum	TECFIELD	ovide:	I 4604	17			
Occupation						Click Here fo	or Memo Itemization
Business Address							
Type of Contribution:	Direct	Loan	from a person	X	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of	Receipt			
ı						\$	\$
5. If over \$100.00 cum	• • • •					Click Here fo	r Memo Itemization
Occupation		_ Employe	er	 -	"		
Business Address			-		· · · · · ·		
Type of Contribution:	Direct	Loan	from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of	Receipt			
Name & Address.							
						\$	\$
5. If over \$100.00 cun	nulative, please pro	vide:				Click Here for	Memo Itemization
Occupation		_ Emplo	yer				
Business Address				. <u></u>			
Type of Contribution:	Direct		from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YE	6 4. Date o	of Receip	<u></u>		
						\$	\$
5. If over \$100.00 cun	nulative, please pro	ovide:				Click Here for	r Memo Itemization
Occupation		_ Em	ployer			<u> </u>	
Business Address					·		
Type of Contribution:	Direct	Loar	from a person		Fund Raiser		
Page of					Page Subtotal nd Total of All Schedules 1A te on last page of Schedule)	50.00 1875, Enter this total on line 3a of Summary Page.	J



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number ___

CANDIDATE COMMITTEE 2. C	Committee Name CIE NICHOLI	45 =>	MAYER
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AMERICAN GRAPHICS PRINTING CO. Address	Purpose: FLYER PRINTING	7-9-08 Date	\$ <u>90.10</u>
34895 GROESBECK	Click	Here for Memo	Itemization Type
Clinton Tap MI 48035	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Name SAWICK: \$500		6-19-08 Date	\$ <i>832.45</i>
Address 1521 WEST LAFAYETTE	Purpose: <u>SUSUS</u>		
DETROIT MI 482160	Click I	Here for Memo I	itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name STAPLES Address 5/382 GRATIOT AVE. CHESTERFIELD MI	Purpose: LABELS & PRINTER	7-6-08 Date	\$ 101.00
CHESTERFIELDS WILL 48051		Here for Memo I	temization Type
Expenditure #4			
Name WicHoLAG & MAYER Address 31215 BRODERICK DR.	Purpose LOAN PAYMENT	7-19-08 Date	\$ <u>700</u> -
CHESTERFIELD WIT 48051	l		temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name STAPLES Address 51382 GRATIOT AVE OHESTER FIELD MIT JANCE	Purpose: ENVELOPES ?	<u>0-3-08</u> Date	\$ <u>125.</u> 59
	Check box if this expenditure is payment of debt or obligation reported on previous		Itemization Type
Fund Raiser	statement		
	Subto	otal this page	1899 14

Grand Total of all Schedules 1B (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 138025

2. Committee Name CTE XIIIIII S MAYER

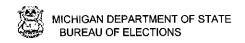
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. POST MASTER Address NEW BALTIMORE POST OFFICE	Mari	6-13-08 Date	s <u>126.00</u>
NEW BALTIMORE MI 48047 [Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo I	temization Type
Expenditure #2 Name Embroidery ARTS Address 49570 GRATIOT CHESTERFIELD TWP MIT	Purpose: T- SHIRTS	<u>6-9-08</u> Date	\$ <u>306.</u> 57
<i>¥805</i> ∫ Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo I	temization Type
Expenditure #3 Name Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo I	temization Type
Expenditure #4 Name Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo I	temization Type
Expenditure #5 Name Address	Purpose:	Date	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	dere for Memo l	temization Type

(Complete on last page of Schedule) Enter this total

Grand Total of all Schedules 1B

on line 8a of Summary Page

Page _____ of ____



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 138025

2. Committee Name CTE NICHOLAS S MAYER

CANDIDATE COMMITTEE 2. Co	ommittee Name	VICHOCK 5	- VIIAY	
This Schedule itemizes:				
aDebts and obligations owed <u>by</u> or forgiven the comm (Chec	nittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed Or by:	4. Type: LOAN	\$		
NICHOLAS S MAYER	5. <u>Date Debt Was Incurred</u> :	\$		_
31215 BRODERICK DR.	6-25-08	\$	700.00	, Ø
CHESTERFIELD MI	6. Original Amount of Debt	\$	\$ <u>100 </u>	* -/
48001	\$ 700.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed Or by:	4. Type: LOAN	\$		
MICHOLAS S. MAYER 31215 BRODERICK DR	5. Date Debt Was Incurred:	\$		
31215 BRODERICK DR	6. Original Amount of Debt:	\$. d	s 456.71
CHESTERFIELD MILL	s Ø	\$	ф —	
46051		<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	C Original Assessment of Delite	\$		•
	6. Original Amount of Debt:	\$ 	\$	•
	\$			FORGIVEN

Page Subtotal (Outstanding debt)

Amount Endorsed: \$

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the

Summary Page

A debt or obligation must be shown on this Schedule If there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of ____

If bank loan, name of endorser or guarantor: